

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

U.S. PTO  
22386 10/714468

# FEE TRANSMITTAL

## for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 713.00)

Complete if Known	
Application Number	Not Yet Assigned
Filing Date	Concurrently Herewith
First Named Inventor	Benjamin J. KREMPEL
Examiner Name	Not Yet Assigned
Art Unit	Not Yet Assigned
Attorney Docket No.	544862000200

METHOD OF PAYMENT (check all that apply)					FEE CALCULATION (continued)																																									
<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> Other	<input type="checkbox"/> None	3. ADDITIONAL FEES																																									
<input checked="" type="checkbox"/> Deposit Account:					<table border="1"> <thead> <tr> <th>Large Entity</th> <th>Small Entity</th> </tr> </thead> <tbody> <tr> <td>Fee Code</td> <td>Fee (\$)</td> <td>Fee Code</td> <td>Fee (\$)</td> <td>Fee Description</td> <td>Fee Paid</td> </tr> </tbody> </table>					Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid																													
Large Entity	Small Entity																																													
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid																																									
Deposit Account Number 03-1952					1051	130	2051	65	Surcharge - late filing fee or oath	<input type="checkbox"/>																																				
Deposit Account Name Morrison & Foerster LLP					1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet.	<input type="checkbox"/>																																				
The Director is authorized to: (check all that apply)					1053	130	1053	130	Non-English specification	<input type="checkbox"/>																																				
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments					1812	2,520	1812	2,520	For filing a request for ex parte reexamination	<input type="checkbox"/>																																				
<input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s)					1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action	<input type="checkbox"/>																																				
<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.					1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action	<input type="checkbox"/>																																				
SUBTOTAL (1) (\$ 385.00)					1251	110	2251	55	Extension for reply within first month	<input type="checkbox"/>																																				
1. BASIC FILING FEE					1252	420	2252	210	Extension for reply within second month	<input type="checkbox"/>																																				
<table border="1"> <thead> <tr> <th>Large Entity</th> <th>Small Entity</th> </tr> <tr> <th>Fee Code (\$)</th> <th>Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>1001</td> <td>770</td> <td>2001</td> <td>385</td> <td>Utility filing fee</td> <td>385.00</td> </tr> <tr> <td>1002</td> <td>340</td> <td>2002</td> <td>170</td> <td>Design filing fee</td> <td></td> </tr> <tr> <td>1003</td> <td>530</td> <td>2003</td> <td>265</td> <td>Plant filing fee</td> <td></td> </tr> <tr> <td>1004</td> <td>770</td> <td>2004</td> <td>385</td> <td>Reissue filing fee</td> <td></td> </tr> <tr> <td>1005</td> <td>160</td> <td>2005</td> <td>80</td> <td>Provisional filing fee</td> <td></td> </tr> </tbody> </table>					Large Entity	Small Entity	Fee Code (\$)	Fee (\$)	Fee Description	Fee Paid	1001	770	2001	385	Utility filing fee	385.00	1002	340	2002	170	Design filing fee		1003	530	2003	265	Plant filing fee		1004	770	2004	385	Reissue filing fee		1005	160	2005	80	Provisional filing fee		1253	950	2253	475	Extension for reply within third month	<input type="checkbox"/>
Large Entity	Small Entity																																													
Fee Code (\$)	Fee (\$)	Fee Description	Fee Paid																																											
1001	770	2001	385	Utility filing fee	385.00																																									
1002	340	2002	170	Design filing fee																																										
1003	530	2003	265	Plant filing fee																																										
1004	770	2004	385	Reissue filing fee																																										
1005	160	2005	80	Provisional filing fee																																										
SUBTOTAL (1) (\$ 385.00)					1254	1,480	2254	740	Extension for reply within fourth month	<input type="checkbox"/>																																				
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE					1255	2,010	2255	1,005	Extension for reply within fifth month	<input type="checkbox"/>																																				
<table border="1"> <thead> <tr> <th>Total Claims</th> <th>-20** =</th> <th>Extra Claims</th> <th>Fee from below</th> <th>Fee Paid</th> </tr> <tr> <td>26</td> <td></td> <td>6</td> <td>x 9.00</td> <td>= 54.00</td> </tr> </thead> <tbody> <tr> <td>Independent Claims</td> <td>6</td> <td>3</td> <td>x 43.00</td> <td>= 129.00</td> </tr> <tr> <td>Multiple Dependent</td> <td></td> <td></td> <td></td> <td>145.00 = 145.00</td> </tr> </tbody> </table>					Total Claims	-20** =	Extra Claims	Fee from below	Fee Paid	26		6	x 9.00	= 54.00	Independent Claims	6	3	x 43.00	= 129.00	Multiple Dependent				145.00 = 145.00	1401	330	2401	165	Notice of Appeal	<input type="checkbox"/>																
Total Claims	-20** =	Extra Claims	Fee from below	Fee Paid																																										
26		6	x 9.00	= 54.00																																										
Independent Claims	6	3	x 43.00	= 129.00																																										
Multiple Dependent				145.00 = 145.00																																										
SUBTOTAL (2) (\$ 328.00)					1402	330	2402	165	Filing a brief in support of an appeal	<input type="checkbox"/>																																				
**or number previously paid, if greater; For Reissues, see above					1403	290	2403	145	Request for oral hearing	<input type="checkbox"/>																																				
SUBMITTED BY					1451	1,510	1451	1,510	Petition to institute a public use proceeding	<input type="checkbox"/>																																				
					1452	110	2452	55	Petition to revive - unavoidable	<input type="checkbox"/>																																				
					1453	1,330	2453	665	Petition to revive - unintentional	<input type="checkbox"/>																																				
					1501	1,330	2501	665	Utility issue fee (or reissue)	<input type="checkbox"/>																																				
					1502	480	2502	240	Design issue fee	<input type="checkbox"/>																																				
					1503	640	2503	320	Plant issue fee	<input type="checkbox"/>																																				
					1460	130	1460	130	Petitions to the Commissioner	<input type="checkbox"/>																																				
					1807	50	1807	50	Processing fee under 37 CFR 1.17(q)	<input type="checkbox"/>																																				
					1806	180	1806	180	Submission of Information Disclosure Stmt	<input type="checkbox"/>																																				
					8021	40	8021	40	Recording each patent assignment per property (times number of properties)	<input type="checkbox"/>																																				
					1809	770	2809	385	Filing a submission after final rejection (37 CFR 1.129(a))	<input type="checkbox"/>																																				
					1810	770	2810	385	For each additional invention to be examined (37 CFR 1.129(b))	<input type="checkbox"/>																																				
					1801	770	2801	385	Request for Continued Examination (RCE)	<input type="checkbox"/>																																				
					1802	900	1802	900	Request for expedited examination of a design application	<input type="checkbox"/>																																				
Other fee (specify)					*Reduced by Basic Filing Fee Paid																																									
					SUBTOTAL (3) (\$ 0.00)																																									

\*\*or number previously paid, if greater; For Reissues, see above

Name (Print/Type)	Mika Mayer	Registration No. (Attorney/Agent)	47,777	Telephone	(650) 813-4298
Signature				Date	November 14, 2003